

**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT  
BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)  
Indiana Election Committee (IC 3-9-5-20.1: 3-9-5-22)

(CFA-11)

**FILE NUMBER**

1234567

**TOTAL PAGES IN ENTIRE CFA-11 REPORT**

9

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

**COMMITTEE INFORMATION**

1. Full name of candidate (include any nickname) Joe Hogsett		<input type="checkbox"/> Check if this is a new name		2. Committee telephone number (317) 777-7262	
3. Mailing address (address where all campaign finance correspondence is received) 133 W. Market Street #190				<input type="checkbox"/> Check if this is a new address	
4. City Indianapolis	State IN	ZIP Code 46205	5. Party affiliation or if independent Democrat		
6. Office sought (include district number, if any. <i>Not required for exploratory committee</i> ) mayor			7. County of residence Marion		
8. Reporting Period From: 10/30/2015 Through: 11/1/2015					
For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories					

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
<b>Classification</b> INDV  <b>Contributor's Occupation (if applicable)</b> Security	Raymond Stanley 4621 E Shady Ln Mooresville, IN 46158	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$2,500.00	11/01/2015

**CERTIFICATION**

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND ACCURATE		
Signature of Treasurer <i>Sentry Teacher - Rhoades</i>	Title Treasurer	Date 11-2-15
Signature of Candidate (if applicable)		Date
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)		

FOR OFFICE USE ONLY

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NOV 02 2015

*Myla A. Eldridge*

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<b>Classification</b> INDV Rick Lux PO Box 301032 Indianapolis, IN 46230  <b>Contributor's Occupation (if applicable)</b> Realtor	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$1,000.00	10/30/2015

**CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND ACCURATE

Signature of Treasurer <i>Emily Ruchman-Rhodes</i>	Title Treasurer	Date 11-2-15
Signature of Candidate (if applicable)		Date

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<b>Classification</b> INDV Alexander Kulik 7880 Oak Dr Nineveh, IN 46164  Detective Contributor's Occupation (if applicable) Sergeant	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$1,111.11	10/30/2015

CERTIFICATION		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND ACCURATE		
Signature of Treasurer <i>Anthony Rhodes</i>	Title Treasurer	Date 11-2-15
Signature of Candidate (if applicable)		Date
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<b>Classification</b> CORP Dant Advocacy, Inc. 54 Monument Cir Ste 300 Indianapolis, IN 46204  <b>Contributor's Occupation (if applicable)</b>	<b>Contributions:</b> <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  <b>Other Receipts</b> <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$750.00	10/30/2015

CERTIFICATION		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND ACCURATE		
Signature of Treasurer <i>Emily Rhodes</i>	Title Treasurer	Date 11-2-15
Signature of Candidate (if applicable)		Date
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